MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-023171 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3260

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3 8 4 8 2		
3			
4	-0		
5	1		
6			
7	1		
8	1		
9	289.2		
10			
11			
12	66-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 42 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: JACKSON
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1007 W 68 Terrace
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Waldo Middle: Ralph Last: Kell

4. DATE OF DEATH: Month: June Day: 19 Year: 1962

5. SEX: Male

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Mar. 6, 1899

9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Executive, Raymond International Corp.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Shields, Kansas

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Fred J. Kell

13b. MOTHER'S MAIDEN NAME: Oberia Jane Alderman

14. NAME OF HUSBAND OR WIFE: Lucille Kell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT: Lucille Kell, 1007 W. 68th Terr. Address: K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: Few days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Collagen Disease & Arteritis — 9 mos.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1940 to 1962 and last saw her/him alive on May 1, 1962
Death occurred at 2:35 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold M. Roberts M.D.

22b. ADDRESS: 1103 grand K.C. Mo.

22c. DATE SIGNED: 19 June '62

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 6-20-62

23c. NAME OF CEMETERY OR CREMATORY: D. W. Newcomers Sons

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 6-21-62

26. REGISTRAR'S SIGNATURE: Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald J. Brown

Licensed Embalmer No. 5151

P. O. Address Ico Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.